

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Application Number</td> <td>09982544</td> </tr> <tr> <td>Filing Date</td> <td>10/17/2001</td> </tr> <tr> <td>First Named Inventor</td> <td>Ira G. Schullman</td> </tr> <tr> <td>Title</td> <td>Methods for affecting various...</td> </tr> <tr> <td>Art Unit</td> <td>1653</td> </tr> <tr> <td>Examiner Name</td> <td>Chih Min Kam</td> </tr> <tr> <td>Attorney Docket Number</td> <td>036707.00106</td> </tr> </table>	Application Number	09982544	Filing Date	10/17/2001	First Named Inventor	Ira G. Schullman	Title	Methods for affecting various...	Art Unit	1653	Examiner Name	Chih Min Kam	Attorney Docket Number	036707.00106
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Examiner Name	Chih Min Kam														
Attorney Docket Number	036707.00106														

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

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OR

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Please recognize or change the correspondence address for the above-identified application to:

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City State Zip

Country

Telephone Email

I am the:

☐ Applicant/Inventor.

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature	Date
Name	14 June 2011
	Telephone (USD) 837 - 81103
Title and Company	
EVP and General Counsel, Exelixis, Inc., On behalf of the Exelixis Patent Company LLC	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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